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What is the current state of the health care system?

The country currently spends 17 percent-2.5 trillion dollars-of our Gross Domestic Product on health care-related services, but the care provided is generally below the standard of other industrialized nations. Since 2000, health care premiums in the US have doubled, while wages have gone up by just 3 percent. Even families with health insurance are suffering--and many of those are a job loss, illness, or accident away from losing coverage altogether. This year, in New Mexico, there were 475,000 people under age 65 who spent over ten percent of their pre-tax income on health care. Of those, 74.3 percent have health insurance.

On average, each American family is paying an extra \$1,100 every year for the broken system that supports 46 million uninsured Americans. Moreover, the average cost of health care for a family of four is expected to increase by \$1,800 every year.

There are 152,000 uninsured people in Northern and Eastern New Mexico -accounting for 23 percent of New Mexico's Third Congressional District.

Why are we talking about health insurance reform now and what is the rush to get Affordable Health Care for America Act passed?

Health insurance premiums have doubled over the last nine years, three times faster than wages. The average American family already pays an extra \$1,100 in premiums every year for a broken system that supports 46 million uninsured Americans. In the 3rd Congressional district alone, there are 152,000 people without health insurance. In 2008 there were 620 health care-related bankruptcies, mostly due to lack of insurance in New Mexico.

Health insurance reform has been debated since the beginning of the 20th century. The debate has taken many turns, President Theodore Roosevelt first proposed national health insurance. When President Franklin Roosevelt instituted Social Security for our seniors in the 1930s there was a significant discussion about health reform. And President Lyndon Johnson signed Medicare and Medicaid into law in 1965, taking an important step to make sure our seniors would get the health insurance and care they need and deserve. In the 111th Congress we have been debating health care since a discussion draft of H.R. 3200 (America's Affordable Health Choices ACT) was introduced on June 19, 2009. Since January, Rep. Luján has held over 40 events on health insurance reform to seek input from constituents, advocates and health policy experts.

If we do nothing, families throughout our state and country will continue to see their premiums rise and health care costs more than double over the next decade, leading them to face an increasing threat of financial ruin due to health care costs. This is the cost of doing nothing.

What is the Affordable Health Care for America Act?

Affordable Health Care for America Act, also known as H.R. 3962, is legislation that aims to bring quality affordable health care to Americans while reducing costs for families and small businesses. The legislation was introduced on October 29, 2009. The legislation makes improvements on previous legislation, America's Affordable Health Choices Act, based on input from health care experts, advocates, and constituents from across the country. A discussion draft of the initial version of the reform package was released on June 19, 2009, and the bill was formally introduced on July 14, 2009.

Affordable Health Care for America Act of 2009 takes significant steps toward fixing our broken health care system by making insurance more affordable and accessible for families across our country. It seeks to achieve real change and to help families and small businesses throughout our district.

Who is covered by Affordable Health Care for America Act?

The Congressional Budget Office estimates that under the Affordable Health Care for America Act, 96 percent of all Americans will have insurance coverage once the bill takes effect. If this benchmark is reached in the third district, 132,000 people who currently do not have health insurance will receive coverage. This will include all children in our district and throughout the United States. One of the advantages of Affordable Health Care for America Act is that it expands attractive and affordable health care access to millions of Americans and promotes preventative efforts-saving tens of billions of dollars annually with increased visits to a primary-care physician rather than the emergency room, while allowing Americans to still keep their current plan.

How will this bill help individuals and families in New Mexico?

Individuals and families covered by employer-based insurance will see improvements in their plans as discrimination based on pre-existing conditions is eliminated and preventative care will no longer require a co-payment or deductible. The 8,300 seniors that currently fall through the Medicare Part D "donut hole"- where they lose their drug coverage - will be covered consistently under the bill. More than 14,000 small business owners will qualify for tax credits to assist in covering 50% of their and their employees' health insurance costs.

How will Affordable Health Care for America Act affect seniors?

No Americans will be forced to change their health care plans and seniors will remain on Medicare. The Affordable Health Care for America Act will make the delivery of high quality health care for America's senior citizens easier than ever before. Beginning in January 2010, the provisions of this bill will improve upon Medicare Part D Program by phasing out and eventually eliminating the so-called "donut hole"-which has prevented millions of seniors from receiving affordable prescription drugs. Furthermore, the legislation requires the Secretary of Health and Human Services to negotiate with drug manufacturers to get the best deal possible for seniors and the American taxpayer.

Medicare beneficiaries will no longer have co-payments for preventative care services and low-income subsidy programs will be strengthened. Also, under our current system, Medicare reimbursements are scheduled for a 21 percent reduction in payment rates in January 2010. The health insurance reform bill in the House will prevent this cut in payment rates to doctors that treat Medicare patients, helping ensure that seniors are able to continue seeing their physician of choice. The bill will also work to end overpayments to insurance companies that offer private Medicare health insurance plans such as Medicare Advantage. This will not alter any Medicare Advantage recipients' benefits.

How will Affordable Health Care for America Act affect veterans?

Veterans who are eligible for Veterans Affairs' (VA) health care can continue to get their health care through the VA if they choose. Affordable Health Care for America Act provides an exemption to those who are covered under the VA from requiring additional health care (meaning that VA and Tricare beneficiaries will not be subject to penalties for not having a private health insurance plan nor will they be required to pay any taxes or fees for healthcare). Finally, those veterans that prefer to will be able to participate in the Health Insurance Exchange where they will be able to shop for a plan that may better fit them and their families.

How will Affordable Health Care for America Act affect small business?

Rep. Luján supports our small business community. He is working with his colleagues to ensure that the Affordable Health Care for America Act does not have any unintended consequences for New Mexico's small businesses-expressly stating his preference for health care insurance reform that considers the financial burden on small businesses, which are so critical to our economic growth.

Affordable Health Care for America Act would make it easier for small businesses to pay for health coverage by cutting costs. The bill would make insurance companies compete for customers, and allowing small business owners to enter into a large purchasing pool (the Health Insurance Exchange), leveling the playing field and helping small businesses get the often superior plans that big businesses can.

To pay for health insurance, Affordable Health Care for America Act would offer small

businesses two kinds of tax credits. The first is a permanent tax credit that phases out for bigger businesses and those with higher salaries. The second is a tax credit of up to 50 percent of a small business' insurance costs-for small businesses with 25 or fewer employees and average wages of less than \$40,000. There are up to 14,100 small businesses in New Mexico's 3rd District that would benefit.

Most small businesses would be completely exempt from requiring them to purchase insurance for their workers. Businesses with payrolls under \$500,000 would not have to meet the shared responsibility requirement to purchase insurance for their workers. Eighty-six percent of small business owners would pay no increased taxes.

In 2013, firms with up to 25 employees can enter the Exchange; in 2014, firms with up to 50 employees; in 2015, firms with up to 100 employees and after 2015 larger employers may also be considered to join.

What is the public option?

The public option is a health care plan to increase competition and choice. It aims to be a low cost plan that will not compromise access to or quality of care. It would not be mandatory for all Americans to join, but would provide coverage to those traditionally not covered by insurance companies or those who would not otherwise be able to get coverage. It will compete with private plans to provide an attractive option for consumers and it will be self sustained, funded through health care premiums it receives from those it insures. The Secretary of Health and Human Services will administer the public option and negotiate rates for providers that participate in the public option.

Ben supports a public option to ensure that New Mexicans have choices and that insurance companies are not controlling the health care market. The Affordable Health Care for America Act contains a public option as well as resources for health co-operatives (non-profit health insurance groups) to also compete in the health care market.

How will we pay for health care reform?

Right now we are spending and wasting too much money on health care. Approximately half of the Affordable Health Care for America Act will be paid for by strategically reallocating current taxpayers' funds that are currently being spent on other health care programs-creating coverage that is more efficient, higher quality, and broader. This includes \$500 billion in net Medicare and Medicaid reforms designed to run both programs more efficiently. Also, those who earn over \$500,000 (\$1,000,000 for couples) annually (the wealthiest .3 percent of Americans) will be required to contribute towards the cost of reforming the health insurance system. Ninety-eight point eight percent of Americans will not see a tax increase.

According to the Congressional Budget Office, the Affordable Health Care for America Act will reduce the deficit by \$30 billion over the first decade of implementation. It continues to reduce the deficit over second 10 years.

If I have a pre-existing condition, will I be able to receive coverage under the Affordable Health Care for America Act?

Currently over 42 million Americans are denied coverage for costly procedures because of pre-existing conditions, which can range from old sports injuries to heart disease. In New Mexico, that includes 19,400 individuals that currently have a pre-existing condition. Under the Affordable Health Care for America Act, health care plans will no longer be allowed to deny coverage for treatments for pre-existing conditions. It also ensures that any plan will only be able to change premiums based on age, geography, and family size. There will also be limits placed on the ability of insurance companies to charge higher rates because of gender, health status, or other factors.

In general, how does the Affordable Health Care for America Act stack up against a single payer system?

The Single Payer Act of 2009 would provide one-government-financed health care for all Americans. The Affordable Health Care for America Act on the other hand, gives Americans the freedom to keep their current private health care plan or purchase an affordable public insurance option. The Affordable Health Care for America Act also differs from a government-run single payer plan in that individuals, employers and the government will share the cost burden of providing health care for all Americans.

Under the Affordable Health Care for America Act, will I be forced to change my coverage?

No, the Affordable Health Care for America Act gives Americans the freedom to keep their current health insurance.

How will the deficit be affected?

The Affordable Health Care for America Act reduces the deficit by \$30 billion over first 10 years without CLASS Act and \$103 billion over first 10 years with CLASS Act. It continues to reduce the deficit over second 10 years. (The CLASS Act - Community Living Assistance and Support Service - would create a new public insurance program for long-term care.)

How will the Affordable Health Care for America Act affect choice?

No, the Affordable Health Care for America Act will increase choice and competition by broadening the options available. This is especially important in our communities with limited options. You can keep your current health insurance plan if you are satisfied with the care you are receiving or you can utilize the Health Insurance Exchange where individuals and small businesses can shop for the plan that is right for them, their families, and their employees. Additionally, consumers will also have the choice of the public option or health insurance co-operatives.

How will the Affordable Health Care for America Act address doctor shortages?

Affordable Health Care for America Act will enhance and grow the nation's primary care health professional workforce through strengthened scholarship, loan repayment and training grant programs. This is one of the reasons why the American Medical Association supports the bill. They have said "In particular, we are pleased that the bill... [a]ddresses growing physician workforce concerns--."

The Affordable Health Care for America Act includes provisions to address doctor shortages by expanding the National Health Service Corps that provides scholarships and loans for accredited medical (MD or DO), dental, nurse practitioner, certified nurse midwife and physician assistant training. Additionally the Bill includes provisions to create a new primary care loan program, increase the advanced practice nursing force, and provide a new loan repayment and scholarship program to train a new generation of public health workers.

How will the Affordable Health Care for America Act affect rationing?

The Affordable Health Care for America Act will invest in expanding our health work force, especially in the primary health care sector, allowing physicians and patients to prioritize quality over quantity of care.

How will the America's Affordable Health Choices Act affect my relationship with my doctor?

A federal bureaucrat will not interfere with your relationship with your physician. The Affordable Health Care for America Act puts doctors and patients in charge and reduces the influence of insurance companies who often get between doctors and patients by unfairly denying care.

The primary mission of the Affordable Health Care for America Act is ensuring that all Americans have access to quality health care. It does not determine your care or treatment as discussed by you and your physician. This Act will actually provide New Mexicans with greater access to their physicians by requiring health insurance providers cover all individuals, regardless of any pre-existing conditions.

How will the America's Affordable Health Choice Act affect affordability of individual insurance?

Individuals will not be forced to buy insurance that they cannot afford. The Affordable Health Care for America Act requires that all Americans are covered by health insurance. However individuals who earn less than \$43,320 (or \$88,200 for a family of four) will be eligible to receive

"affordability premium credits", on a sliding scale, towards the cost of their coverage. The Affordable Health Care for America Act will cap out-of-pocket health care expenses. The bill promotes competition among health insurers and medical malpractice insurers by removing the antitrust exemption -- so that they are no longer shielded from liability if they fix prices, divide up territories, or monopolize their market, helping to ensure the affordability of health care coverage for all Americans.

How will the Affordable Health Care for America Act affect access to specialized medical care?

The Affordable Health Care for America Act will not restrict Americans access to specialized medical care. It will, however, focus on preventative efforts to lessen the need for expensive specialists.

Will the Affordable Health Care for America Act require federal funds to be used to pay for abortions?

The Affordable Health Care for America Act continues current policy, which bars public funds from paying for abortions but allows private insurance companies to offer such coverage. It also prohibits abortion services from being made part of the essential benefits package. Language in the Affordable Health Care for America Act states that no federal funds can be used to pay for abortions except in the case of rape, incest, or the life of the woman.

Will Members of Congress be subject to these health care reforms?

Yes. Members of Congress' health insurance plans will be subject to the same rules as all other employer-sponsored plans and Members of Congress will be allowed to join the public option. Nothing in the legislation exempts the Federal Employee Health Benefits program (the plans Members of Congress and their staffs enroll in) from the reforms.

Will the Affordable Health Care for America Act establish death panels?

No. The bill reimburses doctors for the costs associated with having voluntary conversations with patients about patients' values and preferences regarding end-of-life care. There is no mandate in the bill to complete an advance care directive or living will.

Will the Affordable Health Care for America Act cover undocumented immigrants?

No. The bill establishes a mechanism to verify that individuals receiving affordability credits are citizens or legal immigrants.

Under current law, for example, undocumented immigrants are currently not eligible for Medicaid or Medicare, and this bill does nothing to change that. These same restrictions are also to be applied to affordability credits in the "Health Insurance Exchange." Specifically, Sec. 341 of the legislation outlines affordability premium credits and eligibility for such credits in the "Health Insurance Exchange." Undocumented immigrants will not be eligible for this assistance, and the provisions will be enforced by proof of citizenship requirements.

Does the Affordable Health Care for America Act address tort reform?

Yes. While in 2004 the CBO determined that medical malpractice costs only accounted for 2 percent of spending on health care in the United States, tort reform is addressed. The Affordable Health Care for America establishes a voluntary state incentives grant program to encourage states to implement "certificate of merit" and "early offer" alternatives to traditional medical malpractice litigation.

Is Affordable Health Care for America Act socialized medicine?

No, the Affordable Health Care for America Act is not socialized medicine. By maintaining the competitive market system, Americans will have the freedom to keep their current private health insurance plan. This is unlike the health care plan currently in place in Canada, for example, which is financed entirely by the government. The Affordable Health Care for America Act will

provide the 23 percent of our community currently uninsured with access to quality and affordable health care by increasing attainable options through an affordability credits system that assists low- and moderate-income families as well as individuals who do not qualify for Medicare.

According to the Congressional Budget Office, only about 3 percent of Americans will opt to choose the public health insurance option that the Affordable Health Care for America Act would offer.

Has Ben read the bill?

Yes. Ben has read and reviewed the Affordable Health Care for America Act.

Does Ben support a public option?

Yes. Ben is a strong supporter of a robust public option. He believes that it is an important tool to increase choice and decrease cost.

What kind of health insurance does Ben have?

Ben has Blue Cross Blue Shield health insurance that he receives through the plan offered to all federal employees. Like Ben's health insurance, the Affordable Health Care for America Act offers a similar opportunity to choose a type of health care coverage that fits the needs of individuals across New Mexico.

Does the Affordable Health Care for America Act address the Indian Health System?

Rep. Luján fought to make sure that Native Americans benefited from health insurance reform.

Taxpayers who are eligible for health care services as members of a federally-recognized Indian Tribe are treated as having satisfied the individual responsibility requirement. Health coverage that is provided by a tribe to a tribal member is excluded from the tribal member's taxable income. Standards for qualified health benefit plans, including the public option, are modified to provide for rules regarding Indian enrollees and Indian health care providers.

Language to permanently reauthorize the Indian Health Care Improvement Act (IHCIA), which governs the Indian Health Care System (IHS), is also included in H.R. 3962. IHS is the provider of choice for many Native American patients. Unfortunately, IHCIA was last reauthorized in 1992, and that reauthorization expired eight years ago. Reauthorization will allow much-needed reforms to the Indian Health Service to move forward.

How does the Affordable Health Care for America Act of 2009 help people with insurance?

The Affordable Health Care for America Act will stop insurance companies from denying coverage to Americans with pre-existing conditions including heart disease, cancer or diabetes and from hiking up rates or dropping coverage for those who get sick.

It will also rein in rising health costs for American families and small businesses—introducing competition that will drive premiums down, capping out-of-pocket spending, eliminating copays for preventive care, ensuring no yearly caps on what the insurance company will cover, and providing premium subsidies for those who need them. For small businesses, tax credits will help them cover their workers and eliminating health status rating means they won't pay higher premiums based on their employees' health status.

The bill ensures that it is doctors and patients—not insurance companies—making health care decisions. More family doctors and nurses will enter the workforce—helping to improve access. It moves us toward a system that rewards the quality of care—for instance through accountable care organizations and medical homes.

How does the Affordable Health Care for America Act of 2009 help people without insurance?

The Congressional Budget Office estimates that the House bill will result in health care coverage for 96% of Americans. This will significantly reduce the uncompensated cost of covering the 46 million Americans who currently lack insurance, and result in lower costs for everyone.

How does the Affordable Health Care for America Act of 2009 help rural communities?

The Affordable Health Care for America Act of 2009 addresses rural payment disparities by directing the Institute of Medicine (IOM) to study geographic inequities in Medicare reimbursement rates and directs the Secretary to revise payment rates based on the IOM's findings.

The Affordable Health Care for America Act of 2009 provides bonuses to reward primary care doctors that practice in shortage areas. Only 9 percent of physicians practice in rural America even though 20 percent of the population lives in these areas. The bill provides a 10 percent incentive payment for primary care doctors practicing in underserved areas, which, combined with a current bonus for physicians in shortage areas, will help recruit and retain primary care physicians where they are needed most.

How does the Affordable Health Care for America Act of 2009 help the economy?

The country currently spends 17 percent-2.5 trillion dollars-of our Gross Domestic Product on health care services, but the care provided is generally below the standard of other industrialized nations. Since 2000, health care premiums in the US have doubled, while wages have gone up by just 3 percent. Even families with health insurance are suffering--and many of those are a job loss, illness, or accident away from losing coverage altogether. This year, in New Mexico, there were 475,000 people under age 65 who spent over ten percent of their pre-tax income on health care. Of those, 74.3 percent have health insurance.

On average, each American family is paying an extra \$1,100 every year for the broken system that supports 46 million uninsured Americans. Moreover, the average cost of health care for a family of four is expected to increase by \$1,800 every year.

Under Affordable Health Care for America Act, individuals and families covered by employer-based insurance will see improvements in their plans as discrimination based on pre-existing conditions is eliminated and preventative care will no longer require a co-payment or deductible. The 8,300 seniors that currently fall through the Medicare Part D "donut hole"- where they lose their drug coverage - will be covered consistently under the bill. More than 14,000 small business owners will qualify for tax credits to assist in covering 50% of their and their employees' health insurance costs.

One of the advantages of Affordable Health Care for America Act is that it expands attractive and affordable health care access to millions of Americans and promotes preventative efforts-saving tens of billions of dollars annually with increased visits to a primary-care physician rather than the emergency room, while allowing Americans to still keep their current plan.

The Affordable Health Care for America Act reduces the deficit by \$30 billion over first 10 years without the CLASS Act and \$103 billion over first 10 years with CLASS Act. It continues to reduce the deficit over second 10 years. (The CLASS Act - Community Living Assistance and Support Service - would create a new public insurance program for long-term care.)

How does the Affordable Health Care for America Act of 2009 help women?

In the current health care system, women often face higher health care costs than men as well as multiple other barriers to obtain health insurance. The Affordable Health Care for America Act of 2009 includes many provisions that will make it easier and more affordable for women and their families to get health insurance.

The bill prohibits plans from charging women more than men for health insurance. It also includes coverage of maternity services as a benefit category in the essential benefits package. And the bill makes key preventive care more affordable by eliminating out-of-pocket expenses on recommended preventive services – including breast cancer screening, well baby, and well child care.

How does the Affordable Health Care for America Act of 2009 help young people?

The Affordable Health Care for America Act of 2009 allows young adults to stay on their parents' health care plans until their 27th birthday. This will help to cover the one in three young adults who are uninsured across the country.

Young adults frequently change jobs, move, or hold part-time or temporary jobs. Under this bill, it doesn't matter--you're guaranteed a choice of quality, affordable health insurance options regardless of your employment situation.

How does the Affordable Health Care for America Act of 2009 hold insurance companies accountable?

The Affordable Health Care for America Act of 2009 repeals the antitrust exemption for insurers. The bill promotes competition among health insurers and medical malpractice insurers by removing the antitrust exemption so that it no longer shields these insurers from liability for fixing prices, dividing up territories, or monopolizing their market.

How does the Affordable Health Care for America Act of 2009 make insurance more affordable for consumers?

The Affordable Health Care for America Act of 2009 raises threshold for mandatory Medicaid coverage from 133 percent of poverty to 150 percent. It retains 100 percent federal matching rate for costs of expansion populations in 2013 and 2014, then reduces rate to 91 percent in 2015 and beyond. The legislation also increases assistance to states that maintain access to Medicaid services during the recession by extending the current Recovery Act increase in federal Medicaid payments to states with high unemployment rates.

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Is the Affordable Health Care for America Act constitutional?

The U.S. Supreme Court has clearly interpreted the Constitution to allow Congress to regulate health care. In its 1942 decision of *Wickard v. Filburn*, the Court held that even if an activity is “local and though it may not be regarded as commerce, it may still, whatever its nature, be reached by Congress if it exerts a substantial economic effect on interstate commerce.” As Americans spent \$2.2 trillion on health care in 2007, health care has a strong effect on interstate commerce and it is therefore constitutional for Congress to regulate it under Article I, Section 8 of the U.S Constitution.

Why are there penalties for people who don’t have health care insurance?

On average, each American family is paying an extra \$1,100 every year for the broken system that supports 46 million uninsured Americans. Under the Affordable Health Care for America Act, individuals, employers, and the government are all responsible for contributing to pay the costs of expanding health coverage. All Americans will be required to either obtain health insurance coverage or to pay a fee equal to 2.5% of their income. Requiring all Americans to obtain coverage will improve our health and well-being while also reducing the costs of emergency health care for the uninsured, which drive up the cost of care for everyone else.

Affordability credits will be available for those who cannot afford to purchase insurance.

Medicaid will be expanded to cover everyone below 150% of the federal poverty level and families utilizing existing government health programs such as Medicare, Medicaid, TRICARE, the Veterans Administration, and the Indian Health Service would not be affected.

Under the health care reform proposal, penalties will only be charged for those who can afford but chose not to purchase insurance. This fee is designed to cover the costs of the uninsured's health care when they utilize emergency health care services.